

08/11/00

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PTO/SB/05 (1/98)

Approved for use through 09/30/2000. OMB 0651-0032  
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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Attorney Docket No. <b>0819-407</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | First Inventor or Application Identifier: <b>RYUICHI KIDO ET AL.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Title: <b>METHOD OF EVALUATING THE POWER TRANSMISSION<br/>ABILITY OF FRICTIONAL POWER TRANSMISSION BELT AND<br/>METHOD OF AIDING THE DESIGNING FOR BELT DRIVE SYSTEM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Express Mail Label No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original, and a duplicate for fee processing)</small><br>2. <input checked="" type="checkbox"/> Specification <span style="float: right;">Total Pages [23]</span><br><small>(preferred arrangement set forth below)</small><br>- Descriptive title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to Microfiche Appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <span style="float: right;">Total Sheets [11]</span><br>4. <input checked="" type="checkbox"/> Oath or Declaration <span style="float: right;">Total Pages [3]</span><br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><small>(for continuation/divisional with Box 17 completed)</small><br><small>[Note Box 5 below]</small><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting<br>inventor(s) named in the prior application,<br>see 37 CFR 1.63(d)(2) and 1.33(b).<br>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked)<br>The entire disclosure of the prior application, from which a<br>copy of the oath or declaration is supplied under Box 4b,<br>is considered to be part of the disclosure of the<br>accompanying application and is hereby incorporated by<br>reference therein. |  | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix)<br>7. Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small><br>a. <input type="checkbox"/> Computer Readable Copy<br>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br>c. <input type="checkbox"/> Statement verifying identity of above copies<br><br><b>ACCOMPANYING APPLICATION PARTS</b><br>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span><br><small>(when there is an assignee)</small><br>10. <input type="checkbox"/> English Translation Document (if applicable)<br>11. <input type="checkbox"/> Information Disclosure Statement <span style="float: right;"><input type="checkbox"/> Copies of IDS</span><br><small>(IDS)/PTO-1449 Citations</small><br>12. <input type="checkbox"/> Preliminary Amendment<br>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small><br>14. <input type="checkbox"/> *Small Entity <span style="float: right;"><input type="checkbox"/> Statement filed in prior application,</span><br><small>Statement(s) Status still proper and desired</small><br><small>(PTO/SB/09-12)</small><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small><br>16. <input checked="" type="checkbox"/> Other: CLAIM OF PRIORITY<br><br>*A new statement is required to be entitled to pay small entity fees,<br>except where one has been filed in a prior application and is being<br>relied upon. |  |
| 17. If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the requisite information below and in a preliminary amendment:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____<br>Prior application information: Examiner: _____ Group/Art Unit: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>18. CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label <span style="float: right;">Customer No. 22204</span> or <input type="checkbox"/> Correspondence address below<br><small>(Insert Customer No. or Attach bar code label here)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Name: THOMAS W. COLE, ESQUIRE<br>Firm: NIXON PEABODY LLP<br>Address: 8180 Greensboro Drive, Suite 800<br>City: McLean State: VA Zip Code: 22102<br>Country: U.S.A. Telephone (703) 790-9110 FAX (703) 883-0370                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Name (Print/Type) <b>THOMAS W. COLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Registration No. (Attorney/Agent): <b>28,290</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Date: <b>AUGUST 11, 2000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

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 PTO  
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**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

**Complete If Known**

Application Number UNASSIGNED

Filing Date UNASSIGNED

First Named Inventor RYUICHI KODO ET AL.

Examiner Name UNASSIGNED

Group Art Unit UNASSIGNED

TOTAL AMOUNT OF PAYMENT (\$730.00)

Attorney Docket Number 0819-407

**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  
Deposit Account No. 19-2380  
Deposit Account Name: SIXBEY, FRIEDMAN, LEEDOM & FERGUSON, PC

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description        | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 101 790                    | 201 395                    | Utility filing fee     | [ 690 ]  |
| 106 330                    | 206 165                    | Design filing fee      | [ ]      |
| 107 540                    | 207 270                    | Plant filing fee       | [ ]      |
| 108 790                    | 208 395                    | Reissue filing fee     | [ ]      |
| 114 150                    | 214 75                     | Provisional filing fee | [ ]      |

SUBTOTAL (1) [ 690 ]

**2. EXTRA CLAIM FEES**

Extra Claims Fee from Below Fee Paid

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description                                           | Fee Paid |
|----------------------------|----------------------------|-----------------------------------------------------------|----------|
| 103 22                     | 203 11                     | Claims in excess of 20                                    |          |
| 102 62                     | 202 41                     | Independent claims in excess of 3                         |          |
| 104 270                    | 204 135                    | Multiple dependent claim                                  |          |
| 108 82                     | 208 41                     | **Reissue independent claims over original patent         |          |
| 110 22                     | 210 11                     | **Reissue claims in excess of 20 and over original patent |          |

SUBTOTAL (2) [ ]

**3. ADDITIONAL FEES**

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description                                                            | Fee Paid |
|----------|----------|----------|----------|----------------------------------------------------------------------------|----------|
| 105      | 130      | 205      | 65       | Surcharge-late filing fee or oath                                          |          |
| 127      | 50       | 227      | 25       | Surcharge-late provisional filing fee or cover sheet                       |          |
| 139      | 130      | 139      | 130      | Non-English specification                                                  |          |
| 147      | 2,520    | 147      | 2,520    | For filing a request for reexamination                                     |          |
| 112      | 920*     | 112      | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 113      | 1,840*   | 113      | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 115      | 110      | 215      | 55       | Ext for reply within first month                                           |          |
| 116      | 400      | 216      | 200      | Ext for reply within second mth                                            |          |
| 117      | 950      | 217      | 475      | Ext for reply within third mth                                             |          |
| 118      | 1,510    | 218      | 755      | Ext for reply within fourth mth                                            |          |
| 128      | 2,060    | 228      | 1,030    | Ext for reply within fifth month                                           |          |
| 119      | 310      | 219      | 155      | Notice of Appeal                                                           |          |
| 120      | 310      | 220      | 155      | Filing brief in support of appeal                                          |          |
| 121      | 270      | 221      | 135      | Request for Oral Hearing                                                   |          |
| 138      | 1,510    | 138      | 1,510    | Petition to institute public use proceeding                                |          |
| 140      | 110      | 240      | 55       | Petition to revive-unavoidable                                             |          |
| 141      | 1,320    | 241      | 660      | Petition to revive-unintentional                                           |          |
| 142      | 1,320    | 242      | 660      | Utility issue fee (or reissue)                                             |          |
| 143      | 450      | 243      | 225      | Design issue fee                                                           |          |
| 144      | 670      | 244      | 335      | Plant issue fee                                                            |          |
| 122      | 130      | 122      | 130      | Petitions to the Commissioner                                              |          |
| 123      | 50       | 123      | 50       | Petitions related to provisional applications                              |          |
| 126      | 240      | 126      | 240      | Submission of IDS                                                          |          |
| 581      | 40       | 581      | 40       | Recording each patent assignment per property (times number of properties) | 40.00    |
| 146      | 790      | 246      | 395      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 149      | 790      | 249      | 395      | For each additional invention to be examined (37 CFR 1.129(b))             |          |
|          |          |          |          | Other _____                                                                |          |
|          |          |          |          | Other _____                                                                |          |
|          |          |          |          | *Reduced by Basic Filing Fee Paid                                          |          |
|          |          |          |          | SUBTOTAL (3)                                                               | \$40.00  |

**SUBMITTED BY****Complete (if applicable)**

Typed or Printed Name THOMAS W. COLE

Reg. Number 28,290

Signature

Thomas W. Cole

Date

08/11/00

Deposit Account

19-2380(0819-

User ID

407)

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